

UFHC 46

Interviewee: Hazel Donegan

Interviewer: Nina Stoyan-Rosenzweig

Date: November 21, 2001

R: This is Nina Stoyan-Rosenzweig and I am interviewing Ms. Hazel Donegan at her home in Gainesville on November 21, 2001. Ms. Donegan, I'll start out with just the basic biographical information. Where were you born?

D: The big city of Waldo, Florida. I was never going to come back to Alachua County to live after we [moved away].

R: When were you born?

D: 1918.

R: Can you tell me anything about your family, your parents and what they did and your siblings, if you had any?

D: My father was employed by the Seaboard Airline Railway and that was a big junction in Waldo. My mother was born in Alachua County, Waldo. Her mother was born in Bradford County. My sister and I were born in Waldo. My father, as I said, worked with the Seaboard Airline Railway. They closed the shops there and moved the operation to other parts of the state and we lived in about, I guess, seven different towns in Florida. When things would go bad, they'd move him to that spot and he'd get that area straightened out and then we would move again. We lived from Tallahassee to Miami and back.

R: When did you first move? How old were you when you left Waldo?

D: I think I was around six.

R: I guess you had already started school. Was your schooling interrupted at regular intervals?

D: Yes, we'd stay six months [at] one place and then a year-and-a-half at another and then another two years one other place. A year-and-a-half in Tallahassee, then the longest period in which we did not move was [when we lived] in Miami. That's when I went to part of junior high school, high school, [followed by two] years in college at Tallahassee. I graduated [from] the University of North Carolina [at Chapel Hill] for graduate school, [returned] to Jacksonville and stayed there the longest period of time before I came to Gainesville to work.

R: What did you study in graduate school?

- D: I continued with Spanish, [but] I had to take French as a minor. I planned to minor in English but [this wasn't allowed], so [I changed my minor] to French. Needless to say, I was absolutely ignorant of French, [having had only one year]. All the reading I had to do [was] found in the library in English. [It was] a rough time at that [point, but] I enjoyed North Carolina very, very much.
- R: Was this a master's degree or Ph.D.?
- D: No, a master's.
- R: Were you thinking then about teaching or what was your goal?
- D: Never to teach. Never to teach. I planned to work, hopefully, as an interpreter or some[thing] along that line. My plans were to go to Puerto Rico after I finished and investigate working down there so I could polish and increase my vocabulary in Spanish. By that time, the war was looming and coming closer and my parents said, no. I was glad [they] did because had I gone on, I would never have gotten back to Florida until way after the end of the war.
- R: What year did you finish your master's degree?
- D: 1941.
- R: After that, you said you moved back to Florida to live in Jacksonville.
- D: Yes I did. As I said, I did not want to teach. I took a business course [before] I started working at the Riverside Hospital in Jacksonville for Dr. T. Z. Cason and Dr. Webster Merrit, who was a native of Gainesville at that time. [It was a fascinating job and] they allowed me to stay. I wasn't a very good secretary, I don't think, [but working with two wonderful physicians and their patients was wonderful.]
- R: It sounds like you didn't have training in typing or anything like that.
- D: I typed a little bit along the way. I had very little training in that six or eight months that I took the business course.
- R: This was in 1941 that you started as a secretary for Dr. Cason and Dr. Merrit? How did you then end up in Gainesville if they were in Jacksonville?
- D: Dr. Cason and three or four other members of the Florida Medical Association – Dr. Cason was sort of the spearhead – wanted a medical school for Florida, [but] there was a law on the statute that said [no] cadavers [could be used] in any way. They were able to maneuver and convince the legislators to have that law

[removed]. After that, it was opened because Dr. Cason had been very interested in post-graduate education for the physicians. Florida was a very young community [and] state, in medical terms, technology. He had himself gone out, and would go even after I knew him, to Chicago and to Boston, places [for more] medical training and education [where] he would pay a doctor to allow him to make rounds and to study with him, [such as] the first cardiograms. He would read the cardiograms and the professor there or the head of the department would go over [them] with him. He learned that way. He brought the first metabolic-rate machine to Florida, had gone off for training. He studied under the discoverers of insulin in Boston. He was a graduate of the University of Florida. With the graduate school, he set up with their help, a graduate department of medicine. That allowed him to get a little further along in trying to hopefully develop the need for a college of medicine. [President of UF J. Hillis Miller assisted him at that period of time.]

R: Do you remember the year that he started this graduate college of medicine?

D: I was in Denver. I'll have to think of that date for you.

R: Was it before, during, or after the war?

D: After World War II.

R: Do you know why Florida had the law about not using cadavers?

D: It was just an old law and I don't remember the details of why it was on the books. After the graduate school of medicine [was established], he was able to interest these very talented and innovative physicians throughout the country to come down [to Florida]. He organized a two-week post-graduate seminar in Jacksonville. He would entice these heads of departments and the two men that he was so involved with in diabetes, which was his favorite [specialty]. He was really well-trained in that, diabetes treatment and also cardiology. He was able to attract these men down. He paid them a very small stipend, I think it was \$75 and their travel expense. That's all they [received] out of it, but they liked to come down to Florida. He would set them up at the George Washington Hotel in Jacksonville, [where] they would come for maybe five days. He would have all such areas taught, so to speak, for the practicing Floridian physicians. They would come and they would choose one week that would be mostly medicine, next week it would be mostly surgery and surgical subjects. The men would come from around the state. This went on for a number of years. This was under the auspices [of UF] after he got the post-graduate school of medicine set up.

R: That was after the war.

- D: That was after the war, and I came back and went away for a year. [I returned] from Denver, [where] I worked at the medical school, I came back from Denver in 1950. The post-graduate education had been going on for [a brief time then]. As I say, I'm a little vague on the specific dates. [When UF post-graduate Department of Medicine was established, it was the only one in the country that operated without being affiliated with a medical school, a real distinction at that time.] After that came about, he [assisted] Dean [George] Harrell, [who] had been selected as the dean of the College of Medicine] here. After that, he was involved with the dean working with physicians in the state.
- R: Prior to him setting up this post-graduate department, was there nothing available for physicians in Florida?
- D: No.
- R: What would they do – would they go out of the state for continuing education?
- D: They didn't. That's what he felt. He felt there was a great need for continuing education, [but] there was none in Florida. You would have to go elsewhere, [to] Georgia, [or] wherever there was a medical school and [which] had post-graduate departments. We had nothing, no undergraduate medical school or graduate programs. He felt that without a medical school, the [doctors] needed the opportunity [of added training]. As he was fond of saying, he went out to the Panhandle, [when] the Florida Medical Association would have meetings. He was talking to some of them, one doctor in particular and the man said, I don't care, I don't need any of this fancy stuff; I give my patients castor oil [and quinine] and that's all they need. It just incensed him and he came back and made a reputation for himself by going around and telling all the doctors. He said, then he went to the Women's Club's meetings. He'd be invited to speak to them. He said, now, you ask your doctor, have you been to a graduate training program or have you gone to a seminar in your field or anything in the last five years? If they say no, change doctors. He became very "popular" with the medical community[, needless to say]. [Laughter] He was a feisty[, dedicated, compassionate person who loved people and learning]. He was rather short. I guess he was about five [feet seven inches, and meticulous in his dress]. Just like a little bantam rooster, he'd get hold of something and wouldn't turn it loose, which was wonderful for the state. I wish I could remember the other doctors' names that were on the committee with him. I don't know whether he was the one that stirred everything or everybody else. I would think so. Dr. Murphree from Gainesville was on his committee of the Florida Medical Association. If you look [on the wall] in the lobby of the medical sciences building, you will see a plaque. I think these five or six [names of the committee are listed]. You can get the original committee members' names who were instigating the change [in] the legislature and [who] worked diligently on

trying to get that bill passed so [Florida] could have a medical school.

R: It sounds as if he really was the one who stirred it all up.

D: He was a good stirrer and I was working for him. That way I got really interested in medicine. His work was this, he was constantly talking to people. As I was saying, when the medical school then was determined to be a coming attraction, so to speak, and Gainesville was chosen, then Dean Harrell and Dr. Cason worked very close together. One of the main reasons for that was that [in] so many states, the medical school is isolated from the practicing physicians. They don't get along. I worked at the medical school in Colorado. When I told them what was being planned [for Florida], they said [that] the local physicians and the state don't have anything to do with the medical school. This was one thing of course Dean Harrell wanted to avoid and so did Dr. Cason. They worked real hard and diligently trying to get the local physicians interested in the medical school and [involved enough to] participat[e]. They set up a number of meetings of potential faculty members for the med school and bring them to Jacksonville [and the state to lecture and meet local physicians]. We would invite the local physicians in Jacksonville who were really concerned [that] all [their] patients were going to leave. [They would think,] we don't want it in Jacksonville because we'll not have any patients; they'll all go to the med school. That was ridiculous, [but] they thought that. He would bring in as many [as he could] from surrounding areas. They had big names and people nobody had ever heard of. They would come down and they would lecture to a gathering, a small group of practicing physicians, just to see how they went over. Here they were already teaching in medical schools all around the country, researchers [as well]. [Dean Harrell] wanted to get the feel from the practicing physicians in the state. That was, I'm sure, very helpful. They would entertain them, take them out to dinner or someplace [interesting]. I know at the last minute no one could go but me, so I [drove] three or four of them down to St. Augustine [where] we went to the lovely old hotel there [for] dinner. I'll never forget that. I had all this money [from the meeting and] dropped my [purse], [and the money went] everywhere. Here all these renowned professors were down on the floor helping me pick up all my money. I'll never forget that. I never would do it again unless somebody [I knew] was certain to be there. I was having to be hostess to people. I didn't even know how to pronounce their speciality. It was a lot of fun[, most of the time].

R: Obviously, Dr. Cason was successful in getting people not only to take the law off the books, but also to be amenable to a medical school. You've also described his strategy, though, as being sort of confrontational. How was he able to charm people or to convince them of the need for a medical school?

D: He just had a very strong personality and he certainly believed in what he was

preaching. I think that was it. He had enough of the doctors who appreciated the need whether they could do anything about it or not. They could consider this.

R: You're saying that Florida was different in that it was trying to integrate the local physicians into the medical school. I wonder if part of that reason was just because his goals were so focused on this post-graduate education. It sounds like he was less concerned with bringing medical students in than with making sure physicians received continuing education.

D: He wanted the physicians in the state to be well-trained. He couldn't do anything about the medical school training, that was not in his province. After all, he'd been self-taught, in many instances post-gradually anyway. He had a strong interest in having a medical school train the students well, so hopefully they would remain in Florida. Florida was a very attractive state for physicians throughout the country. The Florida Medical Association, long before this, had put [a rule] into effect that, if a physician came down to practice in Florida, they wouldn't come for [a] three-month holiday-type set-up and get patients, then go off and leave them, to go back up North or out West. They didn't want these roving physicians. They wanted somebody who was going to come and remain so they could continue to take care of their patients. They instituted a law within the Medical Association that they had to pass a state board exam to practice at all in Florida. That made the northern physicians very unhappy. But by the same token, they knew if these people were well-trained, because if they couldn't pass the exam, then they didn't want them anyway. A lot of the doctors wouldn't take the exam because they didn't want to be bothered. Therefore the physicians who were in practice elsewhere would not come here and take the exam unless they planned to stay. That's what the Medical Association wanted to establish – a permanent set-up for the patients and people in Florida, the citizens, so they wouldn't just go from one [physician] to another and not have any recourse when the [doctor] decided he wanted to go home.

R: Was Dr. Cason involved in selecting Dr. Harrell?

D: No. I don't think so. I don't remember that at all. He may have been asked, but I'm not sure.

R: There had to have been some fund-raising activities, or some way to get commitment for funding. Was that part of his effort or was he the idea man?

D: I don't remember anything about money. It was handled through the Florida [Medical] Association.

R: He was the one who really got the ball rolling.

- D: Right. The doctors who would come up for the short courses would pay I think \$25 for a week or two weeks, however long they wanted to stay. A lot of them couldn't afford to stay away from their own offices for two weeks at a time. That's why the one week was set up for ped[iatric]s and medicine and related specialities and then the second week would be for the surgeons and the ophthalmologists and the ENT [earn, nose, throat] people, urologists maybe. I don't remember now how many people, professors, we would have [during] those two weeks. I remember they even did a procedure there on the second floor of the hotel. I'd never seen anything like that before. It was relatively new. He had people who were really outstanding in their fields. Like the Ochsner Clinic, Dr. [Alton] Ochsner, he came several times. They would have a chance to meet with them, maybe for cocktails and dinner, then they would have an informal question-and-answer period. They'd have the professor all to themselves. This [was] carried out and Dean Harrell did the same thing later on. He arranged with the Caribbean cruise lines and had some medical seminars held on the cruises, hopeful of getting the practicing physicians. I know there was a seven-day cruise and a ten-day cruise. There was a longer cruise and I can't remember – I went on all of them, except for one. Anyway, they had speakers. The first time, they had all departmental chairmen [as speakers]. You could take your wife. Every other day, you were on an island and the faculty or the participating physicians would get off the ship with their wives and they go sight-seeing. The next day onboard the ship, the actual lectures and seminars [would be offered] and then every evening they would meet down in one of the lounges with the professors that [were] onboard. They would chat with them and ask questions, maybe one would sit at one table, one would sit at another table. Whoever was interested in that subject would go and sit there and if they wanted a cocktail, they'd sit and visit and ask questions. [They could say,] I have a patient with so-and-so, what do you think I should do? Do I need to refer him or can I handle that case? Just get personal attention. It was supposed to work out really well. Unfortunately, they finally had to cancel [the program] after six or seven cruises.
- R: Was there any particular reason for cancelling the program?
- D: Didn't have the people who would sign up – the doctors.
- R: I guess they weren't trying to fill the whole ship.
- D: Oh, heavens no, couldn't do that. It wasn't that large a group. It dwindled down [to the point where it was not feasible to continue].
- R: That's unfortunate because it does sound like an ideal way to get continuing education.

- D: It would have been a perfect set up for the men, they could deduct this as an official medical seminar. They go off to different places, they hold these things in Hawaii, they hold them in France. A doctor would get the write-off. The wives could go along, they pay the wives' [way] there and then they get the write-off for their own expense. It was a very reasonable and very attractive. The dean and all of us thought would work, but it just didn't.
- R: Was that Dean Harrell's idea?
- D: I think so.
- R: You said you were in Denver, Colorado, working at a medical school there for a year. What took you to Denver?
- D: I wanted to get out of Jacksonville. I went down to 105 or 106 [pounds], working during the war. I don't know that I had that much extra to do. It was just very hard and tense. I think I was having some health problems that I'm not aware at this point in time. All of us were pretty well worn-out.
- R: What was it like in Jacksonville during the war? Did it directly affect you?
- D: Well, no. Just the usual life, can't drive a car much because you can't get the gasoline. You had coupons, can't buy shoes. That sort of thing. We had a few submarine attacks right off the shore and there were patients, but Riverside Hospital [was] a small hospital. I think around seventy-five beds, so we didn't get an influx. I remember one or two occasions when they brought in specialty patients. I know we had a couple of badly-burned people from the attacks there along the coast. There was a shortage of physicians and a lot of people in the general area would come to Riverside. I remember Dr. Cason was – for the state of Florida – he was the president [of the American College of Medicine]. Once the doctor had gone all through his training as a physician and taken all his boards in [for example,] internal medicine [or a specialty], then he was eligible for a highly-specialized group of physicians who had passed everything that they could in their speciality. Dr. Cason was the president or head of it for the state of Florida, so he knew a lot of the people in New York through his association and contacts throughout the AMA [American Medical Association] and all the other associations. [Through his knowledge of] these people, he was able to get the first penicillin for a patient here in Jacksonville, the first sulpha drugs. I remember I went out to the airport and picked up some of this for a patient. It was the first time that it had been used [outside of for service personnel]. It was developed for the soldiers, but he was able to get some for a special patient. I remember the place where [the patient] came from, it was MacClenny. He was very, very seriously ill. Dr. Cason pulled a lot of strings and was able to get

sufficient medication for that one man. [It was flown in by plane during World War II].

R: I've heard when they first gave penicillin to people, that it was really a miraculous response.

D: Yes, very much so. When the sulpha drugs came out, a lot of the physicians were not familiar with the problems. Dr. Cason and the other doctors there at Riverside were getting [patients] that were overdosed. That was a problem then, [with] kidney problems and failures, because the practicing physicians were not fully aware of the dosage or [side effects]. A lot of that historical information, I'm not qualified [to talk about]. There's a lot of [details] that I didn't understand. I didn't know anything about it, I would pick it up as I went along. [Dr. Cason] was the kind that taught. I would take all his notes for his physical exams and then he would talk to me about it. He would teach me, in other words. I'd sit there for hours, I felt. He was teaching me and I had to get out to do my work. He was so enthralled with whatever [the problem was] that he would keep on. I felt like I was an intern or a lowly medical student, one or the other. I didn't know which, but I didn't have any background to be able to assimilate it very well. It was interesting and I picked up an awful lot. It was tiresome, particularly when I had all the typing to do, the phone to answer. Anyway, he was very much a teacher in that. [In] getting these drugs for care of the patients, [he] was very helpful because of his [up-to-date information of these new changes and the] contacts and the people he knew. They had several [submarine] attacks between Jacksonville and St. Augustine, in that general area.

R: You went to Denver and you were there for a year and you were glad to get away from Jacksonville. What made you come back?

D: That's when the law had been changed in Tallahassee so they could start up the medical school. There really wasn't anything out there for me. It was a long way off. They were opening the college, the graduate school. I think it was already going when I left. I can't remember the details. They had passed the law in Tallahassee while I was away that year, so I had no contact in that. It was then that they began to do the planning for the med school and working on that. [Dr. Cason] was able to work it out so that I could work through the state Board of Health on the graduate school program. [The State Board of Health was also very interested in the process of acquiring medical education.]

R: Were you working for Dr. Cason then?

D: Yes, [as] he was the director, I [returned to] work for him then. It's been a long time since I've tried to get it in sequence, but that was it.

R: Was that still in Jacksonville or were you now in Gainesville?

- D: No, still in Jacksonville. [I] didn't move down here until the college of medicine had [opened]. I was still working in the post-graduate area. Dean Harrell was wanting to keep that going, so that we'd have seminars through the new medical school, so that that would maybe interest the physicians in the state to attend. I went down to Gainesville in 1957, the school opened its doors in 1956 and the first class graduated in 1960.
- R: As a secretary, were you coordinating the seminars?
- D: Right. That's what I did.
- R: At what point did you start actually working in the medical school?
- D: We were positioned in a room opposite the dean's office in the med school. I had planned to come and stay no more than three years. I had known Dr. Harrell from almost the time he came down and started working with Dr. Cason and having seminars for the practicing physicians. He was such a nice, kind man. I really was very happy to be associated with him in any way as far as that was concerned. Besides, he cured me. I had been sick for about nine or ten years [with a fever of undetermined cause]. He was able to diagnose it, [when] nobody else had. I felt [grateful] to him.
- R: That's interesting. No one talks much about Dean Harrell as a physician, they just talk about his ability as an administrator.
- D: Believe me, he was tops. One of the former students I was talking to this last weekend was saying he went to one of the – we called it Perry Mason shows – but they would have a patient that they didn't know what was wrong, they would bring him before the students and faculty and they'd try to work it out. It's a very familiar name. He got in on one of the sessions and Dean Harrell was there. He said before they even had a chance to wrap it up, he already knew what the answer was. He said, it was just amazing, he had never seen the patient. He didn't know anything, but what they were saying. He never missed. He was a diagnostician to be awed by. He was a wonderful physician and a researcher. The Rocky Mountain spotted fever – he diagnosed that, discovered what it was. He worked out the treatment. It was one of the earliest, I think. Well, it was a real big breakthrough for many, many people, particularly out west, in those mountains. He was a wonderful diagnostician. Once the med school got started, he didn't have much time to practice. He was so busy hiring faculty [and seeking grants]. The first two or three years at least, every medical school student that came, he interviewed them. He spoke to them at least twice a year – had a private meeting with each student at least twice a year and more often, I guess, if they got into trouble, but I didn't hear about that too much, because I

wasn't working with the students at that time. [End side 1, tape A]

R: He then obviously didn't have the same amount of time to devote to practicing.

D: No, he was traveling a lot. He was out getting grants for the medical school. Did a marvelous job of that, apparently. I [was not] in his office, but I knew enough to know that he really did bring in the grants. He interviewed new faculty. He could look at you and talk to you for two minutes, [and] he knew you. He knew you through-in and through-out. I've never seen anybody quite like him. After everything was going and the building was built, I said, if there was ever a true Renaissance person, it was [him], because he had so many [innovative] ideas. For many years after the school opened, the World Health Organization would not let a country build a medical school until they had come and visited Gainesville's medical school. Not only for the plan of it, but the philosophy. You'd go down the hall and see people from Nigeria or Tangier or people from out in the boonies, countries way out west, India, I don't remember all the different places that they would come [from] to interview him and have him talk to them and give them [his] philosophy. He was the kind of person that would be standing in the hall, talking to these people, whoever they were, but they were important. You would walk by [and] he would not stop what he was saying, but he would look over and smile at you or acknowledge you in some way. He wouldn't wink, he would just nod his head and smile and continue on. He knew you were there and he let you know he did. That was the kind of person he was, he was a true Southern gentleman and also a very compassionate person. If you had any problems, he was the perfect one to go and discuss [them with] and he would help you. I would go into report to him for something and he was listening, but his mind was ahead of me. He knew what I was going to say. He had this quarter of his mind going off on this problem, but he was still listening, he knew exactly what you were going to say and he was ahead of you.

R: It's interesting, I've heard other people who said the same thing about him. They would talk to him and they'd have the sense maybe he's not really listening, but he would know exactly. He could repeat verbatim what they'd said. Do you think that his mind was so fast that he could think about multiple things at one time?

D: I would think so. I don't know how he had time in that twenty-four hours that he would be able to think and to do all of that. You'd write him something and he'd thank you and then you'd say, I do appreciate that. You'd get another thank you note from him. He was absolutely outstanding and one of a kind. He really, truly did love what he was doing. In a quiet way, he was very forceful and very interested in everything and everyone. People laugh now, but in designing the nurses' station, [he had] an area where they would have a room to change, he

would have a place for their extra pair of shoes, to measurement, so that they could put their extra pair of shoes, because he said when your feet hurt, you can't work very efficiently. He [also] had a room for that set up, a place for them, [with their own special needs]. These [were a few of the] little details that he had [designed]. He never missed a thing about what was going to happen or what you were going to have to do and he tried to install it. One of the doctors would say, yes, he knew everything. He just didn't bother to find a place for us to put our secretaries.

[For] the nurses, he had it down pat. In the building itself, he did a good bit of architect[al design] so that the main supports were on the inside walls, it would be the corridor, that wall, then the outer wall. All the dividing walls could be taken out, moved around [to] change the size of the room [or] the shape of the room. All the weight-bearing was on the inner walls and outer walls. That allowed a [researcher] who had [his] research lab [designed to his needs]. You couldn't move those main walls, but all the other walls could be torn out and put up again and rearranged for that individual's needs. Things like that – most buildings are not adjustable.

R: What do you think made Dr. Harrell's philosophy distinctive? You mentioned the World Health Organization making people from other nations come and learn about it. How did he differ from other medical school deans?

D: [His plans for the buildings as well as his innovative design for the curriculum – the first new approach in fifty years or more.] I think his compassion and the fact that he wanted to make the patient first in the minds of the students and the faculty. This is not case number twenty-two who has congestive heart failure. This is Mr. Jones, age so-and-so from so-and-so, who has congestive heart failure. It's [the] personal [approach he stressed]. He wanted the students to treat the patient not as numbers and impersonally, but to make it all humane and make them as comfortable as possible. I'm sure [he had] many, many more [ideas] of greater depth than what I'm [saying].

R: When you moved to Gainesville, what was your daily routine like? Did that change from when you were in Jacksonville?

D: It was very slow, because we didn't have much graduate education work at the med school [in] the first couple of years, that's why I was ready to leave. [The Dean] had a director, one of the faculty members [designated] to direct the post-graduate. [If there was going to be] a seminar on urology, then I would work with the chairman of urology and see what [the schedule] was going to be. Then we'd [publish] the news to the physicians [in the state]. It was rather boring a good bit of the time for me because I was [not] busy.

R: Would you send out mailings or telephone the physicians?

- D: No. [We did] mailings. We didn't have the money to [call] particularly. No e-mails, of course.
- R: That's certainly changed things.
- D: No electric typewriters, hardly, at first.
- R: No computers.
- D: No way, that's why I [returned much later]. I didn't want to learn the computer. At least, that was a good excuse. We didn't have much to do, I didn't. [I thought,] I've been here for two or three years and I'll leave and go back to Jacksonville. Unfortunately, what I had had in mind didn't materialize. I thought, well, I'm stuck here for awhile. Dr. Harrell had asked me several different times [to stay and work with the students] and I said no. I think the third time I gave in, because I didn't tell him that my options in Jacksonville had fallen apart. He asked me to take over the student affairs office and work with the medical students. He kept saying, Hazel, you'll be great doing that; I know you're tired of this and I just don't want you to leave. I said, well, I thank you but I don't want to stay in Gainesville. I swore I'd never come back to Alachua County. Don't ever swear about something because you'll end up doing it, I found. He said, I wish you would think about it. This went on for quite a while. As I said, I was caught in a way. I was [delighted] later in life that I had been [chosen to stay]. It turned out to be a wonderful job.
- R: You said earlier that you never wanted to teach. Is that why you were reluctant to take it in the first place?
- D: No, I never was teaching. I never would have taught. I got my fill of practice teaching in college and I didn't like it at all. My sister was a teacher, [but] I did not want it [as a career, ever].
- R: How was your work with the student affairs office different from teaching?
- D: I didn't do anything about the teaching. We just took care of them. They would come in [to] apply or write. We took them through my office and Dr. [Hugh] Hill's office, of course. We took them from the application point all the way through [the four years in school]. Their interviews [to] their acceptance or their rejection. Then into the college of medicine as medical students and followed them through their four years and graduat[ion]. [During the four years our office handled exams, scheduling, internship matching, assisted in many activities for and by the students as well as curriculum, catalogue, grades, graduation ceremonies, etc.] Then tried to keep track of them when they went off for

internships. They would go to whatever state that they were going to, whether for residencies or to practice. They'd have to be certified for licensure. We'd have to certify that they were legitimately medical students here and had graduated, so we kept up with them up to a certain point. There was one fellow I remember in detail. He got out of medical school, did his internship and his residency. In about two years we had all this paperwork to do for him because he'd changed his specialty. He did that four times. I mean [a] complete switch.

Psychiatry was one of them, and it was medicine, then there were two others that one would never have thought. I don't know where he ended, but this is the sort of thing that went on in our office. We were in charge of the catalogue that was published. That's where Lynn Fragloo was helpful to us early on. In addition to her other things, she would proof it and help get things together – pictures and that sort of thing. We did the catalogue. We worked with the faculty with the grading system and the reports and their letters of performance, as well as their letters of recommendation when they would apply for residency and internships. It was a much more interesting [job]. Plus the fact that the students were coming in all the time, [through] our office. They apparently have rearranged it now and I'm sorry, but they don't go through the student office. They have another area in which I'm sure it's probably just as good or better maybe.

R: It looks like they've split it up so that different offices do different things.

D: When I was there up until close to the end, the students in the Ph.D. programs and the graduate areas were under us as well as the medical students. Not under us, but associated with us. We had to keep track of their program, but mainly the work was done by their own independent departments. All the M.D. programs went through us. Now, even the medical students are not in and out of the office I understand it, but rarely. We used to have fifteen or twenty of them in the little lobby we had there in the office. It's so much nicer than it used to be. For a long time, we had just one room. There were two secretaries and me and then there was a little tiny room which was [for] Dr. Hill's office and then a little [powder room] and another room which was supposedly set up for any visiting physicians who wanted to relax for a few minutes before they had an appointment. That [room] wasn't used [very much], so we moved Dr. Hill into that. The [faculty] would come in, checking on grades, checking on what we do for this.

R: They would come in to fill out forms and take care of other administrative tasks?

D: What am I going to do? The seniors were trying to get residencies and internships and the first-year students were trying to do this, that and the other. We were planning their faculty dinners and [events] for the first-year students. Any and everything. Dr. Deal, when he was dean, was very nice and very sweet

[to us]. He was trying to get me a raise. Of course, you had to go through the university and they had no idea what was going on down at the med school and we didn't [have much contact except registration and financial aid]. Some young fellow from the personnel office came down. I don't think he'd been there very long. He said, now what do you do every day? I looked at him, I said, a little bit of everything. [He said], just tell me what you do, start this morning. I said, when I got here there were three or four students standing by the door. I said, hi and before I could even get the door unlocked, they said, Ms. Donegan, will you come unlock the men's room? I said, that started the day. I mean, you never know. You do what you have to do at the time it's asked or needed. Open the men's room for them. They got locked out of their carrel room where they studied. The cleaning crew I guess locked the doors. I had to go unlock that, then go in through to get to the men's room and unlock that. You just never knew what was going to come up. You plan for graduation, you plan for honors meetings. Any and everything that had to do with the students. Getting them graduated, telling them where to go get their caps and gowns, giving rehearsals. Do all that sort of thing. It varied and that's what made it so interesting, I think.

R: No day was the same as another.

D: Never, except when it was the day to get the catalogue together finally.

R: When did you move into the student affairs office?

D: As I said, I graduated medical school in 1967, that meant that I had started five years prior to that. That was the first class that I had taken all the way from the application all the way through graduation, so I told them I graduated with them in 1967. That was when I started with the students, [1963, in the Student Affairs Office].

R: Was Dr. Hill in the office then?

D: [Dr. Hill joined the faculty in 1959. In 1964,] Dean Harrell appointed him as assistant dean for the students. He was class advisor for several of the classes. We knew he was [near] because he has this very, very, loud, contagious laughter. The students would come by, have you seen Dr. Hill? I'd say, no, I haven't even heard him yet, he must be out delivering a patient. He isn't on the first floor, anyway, or maybe even the second, because his laugh just permeated the whole area. You couldn't help but giggle along with him. You didn't know who he was talking to, what he was saying, but he was laughing. It was a contagious laugh. It still is. [On his arrival, students gravitated to him. They gave him "Teacher of the Year" award many times, as well as the Hippocratic Award.]

R: What was it like to work with him? Was he there pretty much throughout the entire time you were there?

D: Yes, almost the entire time, [or available]. It was fun, I liked him. He was real busy [with] teaching and OB/GYN [patients]. He said, 2:00 a.m. was always [seemingly the] preferable time for the babies to [arrive]. [If a problem arose which I had to settle but felt a bit uncomfortable about, I would tell him so he'd be aware of my actions.] He'd say, okay. He was that way. He was on the run quite a bit. Some days we would hardly see him at all. Other days he have time to sit down and laugh with us. When he was [in the office], he was interviewing students. He had a hard, rough job. Things happened all the time. He knew a lot more of the problems the students had because they were very comfortable with him. They said, don't call your mother, don't call your father, don't call your priest, call Dr. Hill. He did, he got a couple of them out of jail, odds and ends, what[ever] happened. They broke the speed law or something. You never knew what it was going to be. [When] very, very bad tragedies happened, I'd track him down. I thought I'd never find him. They were trying to get ahold of him or somebody in our office. I said, I'll get him. I wouldn't be able to handle this. One of the boy's wife was driving home down I-75 and she was beheaded [in an accident]. I had to track him down and interrupt him. You didn't call him at clinic time. He had two excellent nurses. There was always something. Hopefully, I don't think that anything that tragic happened [again]. Parents and people who died, but not decapitated in a car wreck.

R: Let me ask you about some of the deans. Dr. Harrell left in 1964. Did the medical school change with his leaving?

D: I think there's always a slight change, [with] anybody coming in different. They have their own little ways of doing things. Since I was not working directly with the dean, we did the student area. We were under the dean. When [Dr. Deal] came here, they would have [a meeting] every Friday morning, Dr. Hill and the associate dean and the dean and the chemistry program director who had the undergraduate medical students under his wing before they entered medical school officially. They would meet on Friday mornings and talk over the problems. Later on, I was able to join that group on Fridays. We spent about a hour discussing different [ideas] and problems [pertaining to the students]. That was the only contact I had close to them. They all had their own way of handling things. As I said, I was not privy to that. I was involved [only] to a small degree with the function of the deans.

R: Some deans could have a different emphasis on education which could potentially affect what you were doing.

D: They had several different changes in the curriculum which I may have

personally thought was silly, or approved or didn't approve of. But then, I'm no educator. You work with what you're given. They thought it would work. A couple of the changes that they made stayed, some of them went. I never went to their faculty meetings. [That] wasn't my prerogative – I had interest in it of course, but it was none of my business. Therefore, I was not included and I was just as glad because I had to work with these [faculty] and if I didn't know what I didn't know, I couldn't have an opinion.

R: You didn't have to get involved in issues.

D: No, thank goodness. I always had an opinion on everything. One of the associate deans said, Hazel, I thought we had medical selection committees after every weekend [there were] interviews. Monday and Tuesday nights, the committee would get together and talk about the ones that they had interviewed and they'd vote on them. He said, I noticed you when they were talking about so-and-so. He said, I don't think you liked him, did you? I said, how did you know? He said, I just could tell by the way you looked. I said, good night. I said, I don't like a lot of y'all's decisions. Not a lot, but a few. I said, I try always to keep my face very frozen not to let on. [He said,] I could tell by your eyes, you cut your eyes. I said, oh my gosh, I better be more careful. They would come into my office and I would meet them first and send them off to their interviews and tell them how to get there and that sort of thing. I got the chance to meet most everyone that was interviewing. The faculty and the curriculum was something that I knew nothing about. Dr. Hill had his own feelings about it and I knew what they were, but I had no background for that.

R: You probably saw how it affected the students, whether they complained about it or whether it seemed to be good.

D: Sure, they always complained about something. Any change is a complaint. They don't know anything different, but then they may not always agree. They don't know the difference, what had been made better and what had been made worse, because they've never had it before. We had all the 1960s problems, the people going out of the 1960s [who were] coming in. Some of them had ponytails and some [had] long hair. One of our most interesting young men would come in and I'd say, Joe what in the world did you do with your clothes? Sleep in them? [He'd say,] oh no, they're clean. I throw them in the washer and then put them back in the bag. He'd wash them, take them out of the washing machine, dryer, and then put them in a bag. When he got ready to put on something clean, he'd pull them out of that. Well, you know what that looked like. So you never know. The personality of the dean, had a great deal to do with the faculty, whether they liked him or liked what's going on. You would sense it, but you weren't involved. Let's put it that way. Even if you disagreed, you had no voice. If you had nothing to back it up, just keep your mouth shut.

R: How long were you in the student affairs office?

D: I left in 1984 and I started in [1962].

R: Twenty-two years. Did the students change over time in terms of their interests, their focus?

D: [That varied from] class to class. Some of the classes were very united and they all enjoyed each other and they worked well together. The next class you couldn't get a single soul to work with anybody else much. They had cliques or they had no clique at all. It just depended on the personality of the group.

R: Did that seem to be related to anything that was happening in the world?

D: The 1960s [students] were reacting to something, [they were] barefooted, practically. They were serious in the medical sense, but they were free spirits, which everybody on campus [was]. It was a delight to finally go through campus and [say] gosh look, no long hair. All of a sudden it would dawn on you that they'd changed. Of course, the medical students did not go quite that far. Number one, a couple of the faculty members would not allow them. Particularly in surgery, they said, you cannot wear long hair. You've got to wear a cap on it. You just do not show up in surgery [with long hair]. There were guidelines that they had to have because this was just plain necessary. When they put on their white coats and got involved with patients, they began to clean up their act. Those that were in that 1960s period when everything was as you wanted it, whatever the 1960s were. I don't know if I'm telling you what you want to know.

R: This is fine, this is really interesting. Did students have a particular personality in the 1970s or the 1980s? Were they less free-spirited than the students of the 1960s?

D: I think every class had its own personality. As I said, I didn't think of them as classes, I thought of them as individuals and students. We had very nice experiences [on] Tuesday and Wednesday nights, we went to the Alumni Office [which] took Dr. Hill and me to Stuart, [Florida] and then the next night to Ft. Lauderdale. They had physicians who graduated, alumni, gather in the evening to meet with us and visit. Just such a joy to see them. They had grown up, really grown up.

R: They had become professionals.

D: Very much so. Some I didn't recognize, they changed so. I look in the mirror and know I've changed. They've lost their hair, they've gotten fat or they've

grown their hair. They've just gotten older. Somehow I think men show their age after a certain point, I don't know what it is, then others haven't changed a bit and they're just themselves like they were in medical school. They said, Hazel, do you remember all of us got kicked out because of my music? I said, I remember. If you like jazz, there is a jazz magazine – he and his wife started that magazine when he was in medical school. He had been very involved in this. All the great details I can't remember, but I do remember there was a lot of controversy about whether he could do what he was doing and still pay attention to his studies and all. He worked it out. [He had a] twin, also. He didn't get in right away. He was two years behind his twin, who was in the music business. I think his wife did all the business end of it, but he was in the creative end. Things like this are just really interesting to dredge up. They have changed and as I said, Dr. Hill could tell you which class was this and which class was that. One graduation, I was [really] sick [with] the flu. But I couldn't stay home, I just couldn't and I had to go to graduation. You try to line them up. They said, where do I stand? I said, what's your last name? They say, Brown. I said, do you know where Brown is in the alphabet? I said, stand in front of the Cs and behind the As. You'll find your place. I said, you've got to know because you're going to mess up everybody's diploma. You sort of had to mama them. I said, I can't stay for the ceremony. I'm with you, but I have to get home to get back in bed. [They said,] [you] can't go right yet, can't go right yet. I said, what's wrong? [They said, we have] something for you. It was a round-trip ticket to Acapulco, [Mexico].

R: That's wonderful.

D: It was. They knew I wanted to travel and knew I was looking forward to it and didn't have the money, of course, to do much of anything. Here they sent me to Acapulco.

R: Do you remember what class this was?

D: I can't. I have it written down, but I can't remember right off. It was in the early 1970s, I think.

R: Was there a class that gave you a ticket to Europe?

D: No, the Acapulco trip is the only one I have been given. My cousin wanted to go to Guatemala. I said, I would like to go back to Mexico. I'd been just to the Yucatan for a week. I would like to go to Guatemala, too. This was a first-class ticket they gave me, so I cashed it in and extended it to Guatemala. She'd never flown, so she flew with me. She said, don't say a word, I'm praying. In fact, I was having Thanksgiving dinner with her son and she said, I am going to pray the whole way. They laughed later, a couple years back, and said, you

really got mother into traveling. She went to Europe, she went to South America. She went all these places. She went to China by herself. I said, don't blame me. She was the one that wanted to go and I wanted to go too. The [students] were wonderful to me and they were just as lovely as they could be. I couldn't have chosen a nicer group of people. I could have been their mom, they said. I was their mom, but their moms and daddies had raised them right. By the time I got to them, they had the basics. They were most attractive and very kind and sweet and nice.

R: Some of the other classes dedicated the yearbook to you.

D: Yes, I had the yearbook dedicated to me twice. Dr. Hill can tell you who was in what class where and when and where they came from. All about it, where they went to the residency. I just don't have that kind of memory. The first time they really gave me the honor of the yearbook, they also presented me with a beautiful Waterford pitcher. After that they would come in and ask Becky, who worked with me – at the time she and I were together for eleven years. When I retired, she took over the office. They said, what can we get Ms. Donegan? [Becky said,] she does like Waterford. So I'd get Waterford vases, a pitcher. It was just lovely.

R: Would every class give you something?

D: Every class would do something and it was very kind. Some of them were poor, which was all right. I didn't expect it. They were always very nice to express their appreciation in some way or another – plaques which I have hanging in the hall back there, gifts. They were very generous and very kind. Of course, one class had the Docs of Dixieland play concerts to raise money for the Donegan scholarship, which I was very honored to have. It's still ongoing. Dr. Certa, who you may not have known, died this last year. [He] said he couldn't decide when he was growing up whether he was going to go into medicine or be a classical pianist. He said, I figured it out, I couldn't make much money playing the piano, so I better go into medicine, and he did. He and some of the faculty got together and had a jazz group going, because he was so musically inclined and talented. Dr. Bingham played the piccolo or the clarinet. Different ones [on] the medical school [faculty] and a couple from campus [who played]. They had the Docs of Dixieland and [would] play for different community affairs. Dr. Certa was class advisor [when] this particular class decided they would honor me. I'm sure he suggested it. Up until about a year or two ago, whenever they'd play for some group, they'd pay some money [into the fund]. I don't know how much or anything. He would put it in the scholarship fund. [End of side 2, tape A]

R: Was he the one who started the Donegan scholarship fund?

D: The [students] wanted to do something [and] apparently had discussed it with him. No one ever told me how it came about. He was having a concert at the med school and they called me up on the stage. That's the first I knew about it.

R: That's wonderful. What year was that started?

D: I have it written down.

R: That scholarship continues?

D: Yes.

R: How do they decide who gets it?

D: Dr. Hill and the Class President or a couple [of people] in the senior class. It's for a junior medical student who had done exceptionally well. This money goes to him [or her to] help defray expenses on internship trips. [The student] has to go to different hospitals and interview [to decide] which ones he really likes. I don't know what they're giving now. [They gave] \$500 at one time, which wouldn't get you very far, but it certainly would help. They start[ed] off with one scholarship and now I think they're giving two. I'm not sure how it's run. Dr. Hill is involved with making the final decision, along with the senior class, who would promote it. They'd sell tickets. The class members would sell tickets and they would help with the advertising and they would con the faculty [into] buy[ing] tickets. That sort of thing, to [get people to] come. Of course, everybody loved to hear the Docs of Dixieland play. They played the same music every time and I think the same pieces in sequence. They had a wonderful time. I remember one year Dr. Certa said, we haven't had time to practice for the concert tonight, but we're going to practice tonight. You couldn't tell the difference. He would nod to one to take the solo part and they'd shake their head. You knew what was going on. Then he'd go to the next one, and they'd say, okay. He would be playing the piano and then they'd come in on their part. They'd be the soloist. They would go through the different ones. It was a fun evening and all the wives would sit up on the first couple of rows and cheer and clap. It was just a family gathering, so to speak. Students were there. I remember my sister and brother-in-law were here. I took them and they were enthralled with it. They just thought it was wonderful – particularly Dr. Certa, because he did the whole thing as far as organization and everything. It was fun. It began to phase out, because the students weren't involved very much in making the preparations for it. I think they finally stopped having the Docs of Dixieland. I don't really know why. It was after I left.

R: You left in 1984. Did you retire?

D: Yes. I was getting tired. I knew that I wasn't giving my best. I was just tired. I thought, why keep on going, why wait until you're this age? I can't do anything then. I'm so happy that I did retire so that I take some nice, long trips, because there will come a time when [I] can't do it. I've reached that point now, that I don't feel comfortable going off on long journeys. I would like to go back to England and Ireland because I have relatives in Ireland. My peers are a little older – have already passed away. I have met their children, so there's still that contact there. I decided that was going to be time to leave. These people who love to work – not me. My father would say, and Dr. Hill would say as well, born lazy and suffered a relapse.

R: I don't know though, it sounds like your job kept you busy.

D: Yes, it did. More and more students are coming in. We started off with forty [per class]. I didn't have anything much to do with them, very little, in fact. I knew them because they worked with the internists that I was working with. I would see them when they'd come in for him. I knew some of them before they came to medical school. It was time. I was tired. [They said,] take a year off. I said, once I leave, I'm gone. I don't think I'll ever get the momentum back. I'm glad I did, although I miss the contact with the students and the faculty. They were all so nice, [they] truly were.

R: Where did you go on your trips, other than to England and Ireland?

D: Went to Greece, and the islands, another trip back to Greece and Holland, to Mittenwald, Germany, a couple of times. Took one of those grand tours, all the way around. [I] had a friend who retired [and] went to England and stayed for awhile. She planned to stay a year, but six months began to get even longer, so she was ready to leave. I had promised her that I would come over on a vacation. I did, but she was ready to come on home. We drove [to] the southern part of England, which I had been to before and she had not seen. I drove us around the southern part of England and then we flew over to Paris and picked up a tour there and took the grand tour of Italy and Germany and all these places [in between]. When we got back to England, she came on back home and I flew over to Ireland to see my relatives again for a brief time. Much later a friend of mine had always wanted to go to England, so she and I went over for close to six weeks. That was right after I retired and Dr. Raffin kept saying, when are you going? When are going? He wanted to know. He insisted I use their gate house to the castle in Ireland. He said, nobody's going to be there [for] a couple of months. There's no plan for anyone to show up. You take it and stay as long as you want. My friend didn't want to go to Ireland. It turned out she liked it very much. I thought, a week is plenty of time. He said, use the car, it needs to be used. I thought, oh, happy day. So I drove in Ireland. We were over there about six days and then flew back to England. [We spent] about

a week there and then came on home. The next long trip I took was to Japan, China, Nepal, India, and someplace else in there somewhere. Of course, to China and Hong Kong and Thailand. That was a six-weeks endurance [test]. I said, I've always wanted to go someplace and just enjoy it. I thought I want to see more than that. Once I went and I saw it, then if I could go, I would go back.

The first time I was not about to go to a foreign country not speaking the language nor being that travel-savvy. It was a lot easier to go on a tour, which I don't ever want to have to do again, but that's all right, because you can't just take off. I couldn't. I'm not that bold or confident in my own abilities to do things like that in a foreign country. Anyway, it was a lot of fun and I enjoyed a lot of things. Mexico and Guatemala, a few things over here on this continent.

R: That sounds really exciting. It sounds like a lot of fun.

D: It was and I've enjoyed it tremendously. I would try to take two nice trips a year there for awhile, and then one not quite so long. A six-week one almost did us in. It was a long trip. The hours changed and you'd have to get up at 5:00 one morning to get to the airport and you have to sit there and wait and wait. There were many little disadvantages which wore me down.

R: That trip covered so much ground.

D: I really couldn't tell you much about the countries themselves, but what we saw was indicative. You have an idea of what it's like and that's about all. The Taj Mahal, I did get to see that and I really had always wanted to. Things like that. [There was a] drought, [so] there was no water in the pond, which they say was so impressive. The long pool, it was dry as a bone, but that's all right. Can't have it all. It was fun, it truly was. I am most appreciative of the medical school and the fact that they were always so very, very gracious and nice to me – the faculty and the deans and all. As I said, they were all different. If they had any complaints, I never heard of it. A suggestion here or there, but it was always put in a suggestion so that it didn't upset you in any way. If you were halfway smart, you'd understand why they made it. You wouldn't have recognized that it was any kind of a reprimand or anything like that. They're nice people and that was what made the job so much easier.

R: Do you have contact with medical alumni? Do you hear from any of them or do you see them?

D: I have occasionally. Of course, we have the alumni gathering every year in September. I think it's going to be in September this year. The alumni office is always very nice to ask me to come and join them. I do and I get to see the students then. Some of the faculty I keep up with on a limited basis. They have their families and I'm single, so that makes a big breach there, so I don't

participate in a lot of the functions that they do. I did for awhile, when I was working, because it was something that was necessary, but pleasant. They had about fifty-odd graduates. We had graduates there from the class of 1966 and on up who showed up at our little gatherings on the west coast. They gathered some in Tallahassee. I went up there. They had a nice group there that turned out. Primarily to see [Dr. Hill], of course. Anyway, they're very nice and it's interesting to see them and to have them interested enough to see you too and visit. I do keep in touch with some, personally. Particularly the young woman who has now retired from pediatrics – I knew her and her mother prior to her coming here and graduating in our first class.

R: Was that Jean Bennett?

D: No, this was Betty Drake. Her maiden name was Robinson. She moved to Tampa and set up practice there after she'd gone up to New York with her husband whom she met up there. They lived up in that area for awhile and then came to Florida to practice in Tampa. I keep up with Betty, she spends the night with me when she goes up to Jacksonville to visit her relatives. I go down there, I did, and could drive down. I'm now limited to driving to the corner and back, practically. There are a few others that I see on occasion. The best thing in the world for staying in Gainesville, one of the best I think, is that so many of the practicing physicians here graduated from our medical school and I knew them before they even got out of medical school much less into their field of expertise. My dermatologist, my internist, my surgeons, my orthopedist. You name it, they've all been medical students. Hazel, what are you doing here? I said, help. I knew where they stood in their class and only one of them were we worried about and he's absolutely magnificent now. Anyway, it's been a real joy.

R: They take good care of you.

D: Perfect care. When I had a cardiac cath I asked if I could watch. He said, sure, so he turned the mirror a little bit so I could see the catheter going in and all. When we were in Denver, Dr. Snow was the first [physician-researcher] who had done the cardiac cath. Maybe some others had done it, but he was doing it experimentally in the area in which I was working. Later, I found out that he was quite well-known, because he was one of the prime researchers in the cardiac cath [field]. A friend of mine in Jacksonville's brother was Dr. Blaylock who diagnosed the first blue baby, the [cardiac] problem that the babies had when they turned blue. He'd been able to recognize that and [surgically correct the defect.] I've had a lot of interesting contacts. Not directly perhaps, but with people in the field of medicine. That's what kept me so interested in that field of work.

R: Do you have any thoughts about medicine in general or how it's changed over

the years?

D: I have been very fortunate, I've not been entwined with Medicare, HMOs [health maintenance organizations], that sort of thing. I've been very fortunate in that, but I know that has been a very big problem. My friend in Tampa said, I can't stand it, Hazel. We had to get out of the HMO and [establish] our own [plan] in Tampa that could handle it.

R: This is Jeannie Bennett?

D: Bennett. She would be up here every football game and every Homecoming. I haven't seen her for awhile.

R: I'm supposed to interview her on the December 1, which is one of the games.

D: Oh good, yes, she'll be able to give you so much more information, because she has been so close to the medical school, being one of the first three girls who graduated in that 1960 class. Kay Gilmore, I can't remember her married name. Betty Robinson Drake and Jeannie. She's a pediatrician as well and she's kept up with all the functions of the med school and she'll be able to fill you in and give you infinitely more important information. [She has been a strong supporter of the school as well as financial support for students as well.] I've just been rambling and I don't know if this is any interest to you or not.

R: It certainly is. You have actually given me a lot of information about the days prior to the medical school's existence. A lot of the people who are at the medical school really were brought in by Dr. Harrell, so they don't have any of the background on the early years, which is very valuable. There were things you told me about those early years that Dr. Harrell didn't really know.

D: Yes, he knew everything.

R: You were really there even before it came into existence.

D: So was he, in a way. I mean, he knew everything. I was talking so much about Dr. Cason. I had a lot of this stuck away. I have more somewhere but I didn't want to bother you with it. [Jo Suter was Dr. Harrell's first secretary throughout the opening stages and planning days of the medical school. She was the premier secretary who kept all the facts, figures, people, and plans in place as well as the faculty, their demands and problems. All this she did with grace and efficiency. Keeping up with Dr. Harrell was in itself a full-time job.]

R: I guess when did Dr. Cason leave the medical school?

- D: He was a practicing physician, he never was in the medical school itself.
- R: Does he stay in Jacksonville?
- D: Yes, and I can't remember when he died, but that picture was taken in 1950, I think. I can't see that well. I don't know if you can tell the date on any of that.
- R: This is 1957, he's being honored with the chairmanship of a committee. That's the post-graduate committee. This is his obituary.
- D: There's not a date on that, I'm sorry. It is written down somewhere. I had been here quite a while before he died. This is something that Dean Harrell wrote that you might find some information that might be of interest to you.
- R: This is sort of a synopsis, the college history from 1972. There's Dr. Seuter and Dr. Hill. This is wonderful.
- D: Do you want to take this file? I would like it back.
- R: I'll take it and photocopy it and then get it back to you.
- D: If there's any of that in there you would like to have, you can look through though and select what you think might be of interest to you.
- R: I would definitely like to get photocopies or to scan in some of the photos into the computer.
- D: I've got a hoard but I don't know where it is. I've been trying to clean out my little file and I have so much mess. I was so disgusted with trying to push everything in. I didn't like to file when I was working. I had stacks. I didn't want anybody to bother it. I knew which stack I would have put it in. It's so much easier than getting down on your knees and pulling out drawers and going through. I'm afraid that I'm not a neat person, especially with papers. I've got to get back in there, but it won't be until after Christmas. If I find anything that I think maybe would give you some more information, I will let you know.
- R: I'm going to stop recording now. This is the end of the recording and this was an interview with Hazel Donegan and it's November 21, 2001.

[End of interview]